DEC 1 2005

510(k) Summary GraftCage™ ACX

October 28, 2005

Submitted By:

Osteotech, Inc.

Address:

51 James Way

Eatontown, New Jersey 07724

Telephone:

(800) 537-9842, Ext. 6324

Contact Person:

Christopher Talbot

Director, Regulatory Affairs

Subject Device

Trade Name:

GraftCage™ ACX

Common Name:

Vertebral Body Replacement Device

Classification Name:

Spinal Intervertebral Body Fixation Orthosis

Device Description:

The GraftCage™ ACX is a device designed to replace a thoracic or lumbar vertebral body and to support axial compression loads following vertebrectomy for the treatment of spinal tumors and in cases of spinal trauma/fracture. The GraftCage™ ACX is made from implantable PEEK-OPTIMA® (polyetheretherketone) polymer.

The GraftCageTM ACX is basically rectangular in shape. One central (axial) fenestration and one fenestration on each lateral aspect (on certain sizes) provide locations for the addition of bone grafting material. The superior and inferior aspects have ridges that resist expulsion and /or migration after implantation. The device offers lordotic and non-lordotic i.e., parallel configurations. The posterior aspect of both design configurations is tapered, or bulleted, for ease of insertion.

A single threaded hole at the posterior aspect interfaces with the insertion tool. The insertion tool is a shaft attached to a handle. The shaft has a threaded end that matches the threaded hole on the GraftCageTM ACX and allows the surgeon to hold the GraftCageTM ACX while implanting it into the patient.

Intended Use:

The GraftCageTM ACX is a vertebral body replacement device intended to replace a collapsed, damaged, or unstable vertebral body in the thoracic or lumbar spine (T1-L5). The GraftCageTM ACX is indicated for a partial or total vertebrectomy for cases of tumor or trauma (i.e., fracture). The GraftCageTM ACX is intended to achieve anterior decompression of the spinal cord and neural tissues and to restore the height of a collapsed vertebral body.

The GraftCageTM ACX is intended for use with supplemental internal spinal fixation systems that are cleared by FDA for use in the thoracic and lumbar spine. These systems include posterior pedicle screw and rod systems, anterior plate systems, and anterior screw and rod systems. The use of bone grafting material with the GraftCageTM ACX is optional.

Comparison to Predicate:

The GraftCage™ ACX claims substantial equivalence to:

- 1) Osteotech, Inc. VBR, K012254
- 2) DePuy AcroMed VBR System, K030833/K031635;
- 3) Spinal Concepts Fortitude Vue Vertebral Body Replacement Device, K05100; and
- 4) Implex Corporation Hedrocel Vertebral Body Replacement System, K010378.

This claim of substantial equivalence is intended to reflect FDA's definition of substantial equivalence as defined by 21 CFR Part 807, Subpart E and is not intended to reflect a claim of substantial equivalence in terms of intellectual property.

The GraftCageTM ACX and the predicate devices have the same intended use and similar technological characteristics. Performance data demonstrates that the GraftCageTM ACX meets or exceeds functional requirements for a vertebral body replacement device.





Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

DEC 1 2005

Christopher Talbot Director Regulatory Affairs Osteotech, Inc. 51 James Way Eatontown, New Jersey 07724

Re: K053080

Trade/Device Name: GraftCage[™] ACX Regulation Number: 21 CFR 888.3060

Regulation Name: Spinal intervertebral body fixation orthosis

Regulatory Class: II Product Code: MQP Dated: November 1, 2005 Received: November 2, 2005

Dear Mr. Talbot:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mark N. Melkerson

Acting Director

Division of General, Restorative, and Neurological Devices Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

INDICATIONS FOR USE **STATEMENT**

510(k) NUMBER (IF KNOWN):	KO23080
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DEVICE NAME: GraftCageTM ACX

INDICATIONS FOR USE:

The GraftCageTM ACX is a vertebral body replacement device intended to replace a collapsed, damaged, or unstable vertebral body in the thoracic or lumbar spine (T1-L5). The $GraftCage^{T\bar{M}}$ ACX is indicated for a partial or total vertebrectomy for cases of tumor or trauma (i.e., fracture). The GraftCageTM ACX is intended to achieve anterior decompression of the spinal cord and neural tissues and to restore the height of a collapsed vertebral body.

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Prescription Use X (Per 21 CFR 801.109)

OR

Over-The-Counter-Use ____

PLEASE DO NOT WRITE BELOW THIS LINE- CONTINUE ON ANOTHER PAGE IF NEEDED.

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of General, Restorative,

and Neurological Devices

510(k) Number (053080

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